

Statement of Citizenship or Identity of Applicant or Recipient

Name of Applicant or Recipient _____

Payee Name _____

Name of Person Making Statement _____

Relationship to Applicant or Recipient _____

*I am a U.S. Citizen Yes No

Statement of Citizenship

Understanding that this statement is for a right to payment of Medicaid benefits by Alabama Medicaid Agency, I hereby state under penalty of perjury that I have knowledge that the applicant/recipient **is** a United States citizen. The applicant/recipient was born

in _____, on _____.
(City, State, and County) (Date of Birth)

I know this to be true because _____

The reason that the applicant/recipient can not provide proof of citizenship is

I know this to be true because _____

Sign on Back

For Medicaid Use Only:	
*Proof of citizenship provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of identity provided <input type="checkbox"/> Yes <input type="checkbox"/> No

□ Statement of Identity for a Child or Children under age 16

1. I hereby state under penalty of perjury that I have knowledge of this child's identity.

This child, _____,
(Name of Child)

was born in _____, on _____.
(City, State, and County) (Date of Birth)

2. I hereby state under penalty of perjury that I have knowledge of this child's identity.

This child, _____,
(Name of Child)

was born in _____, on _____.
(City, State, and County) (Date of Birth)

3. I hereby state under penalty of perjury that I have knowledge of this child's identity.

This child, _____,
(Name of Child)

was born in _____, on _____.
(City, State, and County) (Date of Birth)

I understand that anyone who knowingly makes a false statement or misrepresents material facts in an application to determine eligibility for Medicaid may be committing a crime punishable under Federal or State law, or both. In signing this statement, I affirm under penalty of perjury that all information I have given in this document is true.

Signature of Person Making Statement

(Signature. First name, middle initial, last name. Sign in ink.)

(Relationship to Applicant, Recipient, Child or Children)

(Mailing Address. Number and Street, Apt. No., P.O. Box, Rural Route, City, State and Zip Code.)

(Date)

(Telephone Number)